



**DISTRICT 10
PRELIMINARY INJURY REPORT**

PLEASE PRINT

PLAYER NAME: _____ **DATE:** _____

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **PHONE:** _____

AGE: _____ **DOB** _____ **LEVEL** _____

DATE OF INJURY: _____ **AM OR PM** _____

ASSOCIATION: _____

HOW DID THE INJURY OCCUR: _____

WAS AN AMBULANCE CALLED: _____

EMERGENCY TREATMENT: _____

IF YES DESCRIBE: _____

**PLEASE SEND TO: TIM TIMM
DISTRICT 10 RISK MANAGER
13116 TILDEN AVE.N
CHAMPLIN, MN. 55316
763-427-7709**

THIS IS NOT A CLAIM FORM!!